

January 28, 2015

Gary Murata M.D.  
Alpine Orthopaedic Medical Group  
2488 N. California Street  
Stockton, CA 95204

RE: Injured Worker: Tiffany Anderson  
Date of Injury: 06/19/2008  
Claim Number : VE0700184  
Employer: San Joaquin County Mosquito Vector Control District

Dear Dr. Murata:

This office administers the workers' compensation program for the above employer.

We are in receipt of a request for the following procedure/service(s) received on  
**01/27/2015:**

**1. Consult Dermatology Trunk Rash Chemical Exposure.**

Please be advised that Utilization Review is being deferred in this matter in accordance with California Code of Regulations 9792.9 as **we are objecting to liability for this service for the following reason(s):**

**X The body part in this case has not been accepted.**

Any disputes regarding this deferral and denial of care shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board.

You have a right to disagree with decisions affecting your claim. If you have questions about this information in this notice, please call me at (916) 563-1900 ex. 242 or fax (916) 563-1919. However, if you are represented by an attorney, please contact your attorney to discuss this notice.

For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an Information and Assistance Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call toll free 1-800-736-7401.



ANDERSON, TIFFANY

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)****Objective findings:****RIGHT KNEE:**

Range of motion of the right knee is 0-120 degrees. Quadriceps strength again is 4+/5. She has mild diffuse joint tenderness. No effusion. Ligaments are stable. Gait pattern is normal.

About the right lower extremity, nontender leg rolling of the right hip.  
About her trunk she has a mild generalized rash. No infection.


**Treatment Plan:**

Diagnosis and treatment options were thoroughly discussed with the patient at this point. She again states that she has had multiple chemical exposures. Again I advised her that I am not an expert in this type of injury. I have recommended a CONSULTATION to Dermatology trunk rash chemical exposure. I have recommended and ordered PT 8 more visits for her right knee. Follow-up in the office in six weeks. She would like to keep her future treatment open. I renewed her Norco that she will use sparingly.

Work Status: Standing and walking occasional. No kneeling or squatting.

**Primary Treating Physician:** (original signature, do not stamp)Date of exam: 1/21/2015

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: Cal. Lic. # 1134174287

Executed at: \_\_\_\_\_

Date: 1/22/2015Name: Gary Murata


Specialty: \_\_\_\_\_

Address: 2486 N. California StreetPhone: 209-948-3333



**State of California, Division of Workers' Compensation**  
**REQUEST FOR AUTHORIZATION**  
**DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.		<input type="checkbox"/> Resubmission - Change in Material Facts		
Name (Last, First, Middle): Tiffany Anderson				
Date of Injury (MM/DD/YYYY): 06/19/14		Date of Birth (MM/DD/YYYY): 08/22/1970		
Claim Number: VE0700184		Employer: SJ MOSQUITO & VECTOR		
Name: Gary Murata				
Practice Name: ALPINE ORTHOPAEDIC MEDICAL GROUP		Contact Name: ERIKA 181		
Address: 2488 N. CALIFORNIA ST		City: STOCKTON State: CA		
Zip Code: 95204	Phone: (209) 948-3333	Fax Number: (209) 948-3331	NPI Number: 1134174287	
Specialty:				
E-mail Address:				
Company Name: A.I.M.S				
Address: P.O. BOX 269120		City: SACRAMENTO State: CA		
Zip Code: 95826	Phone: 916-563-1900	Fax Number: 916-563-1919		
E-mail Address:				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
R LAT MENISC KNEE-C	836.1	Consult	99205	1
ONDROMALACIA PATEL	717.7	Dermatology		
FROMALACIA NOT PAT	733.92	Trunk Rash		
		chemical-exposure		
Requesting Physician Signature: 			Date: 1/27/15	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				



Tiffany Anderson  
2 north Avevna Avenue  
Lodi CA 95240